

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *10-031,132*

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	31					
5	731					
6	81					
7	181					
8	81					
9	181					
10	81					
11	181					
12	47					
13	1					
14	1					
15	12					
16	81					
17	18					
18	81					
19	18					
20	81					
21	18					
22	81					
23	18					
24	81					
25	1					
26	1					
27	81					
28	18					
29	81					
30	18					
31	81					
32	18					
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	27					
TOTAL CLAIMS	29					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						